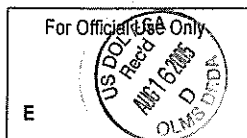


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18101</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Kenneth</b> <b>Boyd</b> P.O. Box, Bldg., Room No., if any Street <b>1649 W ADAMS ST</b> City <b>CHICAGO</b> State <b>Illinois</b> ZIP Code + 4 <b>60612-3201</b>	4. Name, file number, and address of labor organization. Name <b>UFCW Local No. 1546</b> Labor Organization File Number <b>542-277</b> P.O. Box, Building and Room Number, if any Street <b>1649 West Adams Street</b> City <b>Chicago</b> State <b>Illinois</b> ZIP Code + 4 <b>60612-3201</b>
5. Position in labor organization. <b>President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <b>Illinois</b> ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Kenneth R Boyd</i></u>	On <u><b>8-11-05</b></u> Date	<u><b>(312) 733-2999</b></u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **UFCW INT UNION INDUSTRY PENSION FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. BOX 11102**

Street

City

State **Illinois** ZIP Code + 4 **60611-0102**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **UFCW INT UNION INDUSTRY PENSION FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. BOX 11102**

Street

City **CHICAGO**

State **Illinois** ZIP Code + 4 **60611-0102**

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**TRUSTEE EXPENSE REIMBURSEMENT IFEBP EDUCATION CONF**  
**11-29-04 12-06-04**

12.b. Amount.

**\$1,212**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City **Chicago**

State **Illinois** ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



a VOICE for working America

*United Food & Commercial Workers Intl. Union*

**Kenneth R. Boyd**  
President

**Terry Kramer**  
Secretary-Treasurer

**Jorge Ramirez**  
Executive Director



August 11, 2005

U.S. Department of Labor  
ESA/OLMS, Room N-5616  
200 Constitution Avenue, NW  
Washington, DC 20210-0001

Dear Sir or Madam:

Enclosed please find LM-30 reports covering the fiscal year of January 1, 2004 through December 31, 2004.

As I was not aware of the report requirement for filing Form LM-30, for the period of January 1, 2004 to December 31, 2004, and prior to that time, I have attempted in good faith to reconstruct such financial transactions or arrangements that may be determined to be reportable occurrences. As I do not have accurate records of such occurrences, some or several items may be unintentionally omitted from my filings. The enclosed and completed LM-30 reports represents my honest effort to reasonably estimate and report what I believed to be the necessary information.

Sincerely,

A handwritten signature in black ink that reads "Kenneth R. Boyd".

Kenneth R. Boyd

Enclosures